



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/005,137	12/05/2001	Lynn Hambright	2001P11666 US01	8060

7590 03/19/2008
Elsa Keller, Legal Assistant
Intellectual Property Department
SIEMENS CORPORATION
186 Wood Avenue South
Iselin, NJ 08830

EXAMINER

COBANOGLU, DILEK B

ART UNIT	PAPER NUMBER
----------	--------------

3626

MAIL DATE	DELIVERY MODE
-----------	---------------

03/19/2008

PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450
www.uspto.gov

**BEFORE THE BOARD OF PATENT APPEALS
AND INTERFERENCES**

Application Number: 10/005,137
Filing Date: December 05, 2001
Appellant(s): HAMBRIGHT ET AL.

Alexander J. Burke
For Appellant

EXAMINER'S ANSWER

This is in response to the appeal brief filed 1/22/2008 appealing from the Office action mailed 8/22/2007.

(1) Real Party in Interest

A statement identifying by name the real party in interest is contained in the brief.

(2) Related Appeals and Interferences

The examiner is not aware of any related appeals, interferences, or judicial proceedings which will directly affect or be directly affected by or have a bearing on the Board's decision in the pending appeal.

(3) Status of Claims

The statement of the status of claims contained in the brief is correct.

(4) Status of Amendments After Final

The appellant's statement of the status of amendments after final rejection contained in the brief is correct.

(5) Summary of Claimed Subject Matter

The summary of claimed subject matter contained in the brief is correct.

(6) Grounds of Rejection to be Reviewed on Appeal

The appellant's statement of the grounds of rejection to be reviewed on appeal is correct.

(7) Claims Appendix

The copy of the appealed claims contained in the Appendix to the brief is correct.

(8) Evidence Relied Upon

6,208,973	BOYER ET AL.	3-2001
5,933,809	HUNT ET AL.	8-1999

(9) Grounds of Rejection

The following ground(s) of rejection are applicable to the appealed claims:

Specification

New Matter

The amendment filed 06/07/2007 is objected to under 35 U.S.C. 132(a) because it introduces new matter into the disclosure. 35 U.S.C. 132(a) states that no amendment shall introduce new matter into the disclosure of the invention. The added material which is not supported by the original disclosure is as follows: Amended claims 1, 7, 9, 17 and 23 recite “employing a record repository for linking a plurality of different encounters and associated service records of a patient involving receiving different treatment services at different healthcare provider facilities on different occasions separated by a time period of up to at least a week”; amended claim 25 recites “said reimbursement record indicates services provided to said patient within period encompassing at least one of (a) a plurality of weeks and (b) a plurality of months”. Examiner did not able to find “linking records separated by a time period of up to at least a week” or “period encompassing at least one of (a) a plurality of weeks and (b) a plurality of months” within the specification as originally filed. As such, Applicant respectfully requested to clarify the above issues and to specifically point out support for the newly added limitation in the originally filed specification and claims.

The specification is objected to under 35 U.S.C. 112, first paragraph, because the specification, as originally filed, does not provide support for the invention as is now claimed for the reasons given in section 2 above.

Applicant is required to cancel the new matter in the reply to this Office Action.

Claim Rejections - 35 USC § 112

The following is a quotation of the first paragraph of 35 U.S.C. 112:

The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

Claims 1-27 are rejected under 35 U.S.C. 112, first paragraph, as failing to comply with the written description requirement. The claim(s) contains subject matter, which was not described in the specification in such a way as to reasonably convey to one skilled in the relevant art that the inventor(s), at the time the application was filed, had possession of the claimed invention and for the reasons set forth in the objection to the specification above.

Independent claims 1, 7, 9, 17, 23 and dependent claim 25 recite limitation that is new matter, as discussed above.

Claims 2-6, 8, 10-16, 18-22, 24 and 26-27 incorporate the deficiencies of independent claims 1, 7, 9, 17, 23 through dependency, and are also rejected.

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

NOTE: The following rejections assume that the subject matter added in 06/07/2007 amendment are NOT new matter, and are provided herein below for Applicant's consideration, on the condition that Applicant properly traverses the new matter objections and rejections made in sections under the title "new matter" above in the next communication sent in response to the present Office action.

Claims 1-27 are rejected under 35 U.S.C. 103(a) as being unpatentable over Boyer et al. (hereinafter Boyer) (U.S. Patent No. 6,208,973 B1) in view of Hunt et al. (hereinafter Hunt) (U.S. Patent No. 5,933,809).

Claim 1 recites a method for determining payment for provision of multiple different services based on predetermined reimbursement rules, comprising the steps of:

- i. employing a record repository for linking a plurality of different encounters and associated service records of a patient involving receiving different treatment services at different healthcare provider facilities on different occasions separated by a time period of up to at least a week (Boyer; col.8, lines 7-67, col. 11, lines 19-34 and Figure 6)
- ii. receiving a first record identifying a particular service provided to a specific patient (Boyer; col. 3, lines 39-56, col. 8, lines 9-12, figure 6);
- iii. in response to receiving said first record, automatically searching said record repository for a record indicating at least one other service provided to said specific patient
 - Boyer fails to expressly teach in response to receiving said first record, automatically searching said record repository for a record

indicating at least one other service provided to said specific patient. However, this feature is well known in the art, as evidenced by Hunt.

In particular, Hunt discloses a in response to receiving said first record, automatically searching said record repository for a record indicating at least one other service provided to said specific patient (Hunt; col. 3, lines 14-19, col. 5, lines 22-30, col. 7, lines 31-38).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Hunt with the motivation of to determine whether reimbursement must be made for the claims (Hunt; col. 7, lines 31-38).

- iv. automatically grouping an item identifying said particular service together with an item identifying said at least one other service provided to said specific patient based on predetermined service record allocation rules (Boyer; col. 3, lines 39-56, col. 8, lines 7-24, col. 9, lines 25-33, lines 45-48);
- v. automatically creating a reimbursement record identifying grouped items (Boyer; col. 5, lines 52-56, col. 8, lines 7-24); and
- vi. calculating a reimbursement amount for said particular service and said at least one other service provided to said specific patient based on a reimbursement contract determining service grouping affects

reimbursement amount (Boyer; abstract, col. 3, lines 39-56, col. 8, lines 7-24).

Claim 2 recites a method according to claim 1, including

i. automatically recalculating said reimbursement amount in response to receiving a second record identifying a further service provided to said specific patient

- Boyer fails to expressly teach automatically recalculating said reimbursement amount in response to receiving a second record identifying a further service provided to said specific patient. However, this feature is well known in the art, as evidenced by Hunt.

In particular, Hunt discloses automatically recalculating said reimbursement amount in response to receiving a second record identifying a further service provided to said specific patient (Hunt; col. 3, lines 14-19, col. 5, lines 22-30, col. 7, lines 31-38).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Hunt with the motivation of to determine whether reimbursement must be made for the claims (Hunt; col. 7, lines 31-38).

ii. wherein said step of automatically creating a reimbursement record comprises creating a reimbursement record without manual intervention

from received records identifying different types of services provided to said specific patient on separate occasions (Boyer; col. 8, lines 7-24, col. 11, lines 19-34, figure 6).

Claim 3 recites a method according to claim 2, wherein said different treatment services comprise an outpatient service and an inpatient service (Boyer; col. 6, lines 23-28, col. 11, lines 19-34, figure 6).

Claim 4 recites a method according to claim 1, wherein

- i. said record repository links a plurality of different encounters of a plurality of different patients (Boyer; col. 11, lines 19-34, figure 6) and
- ii. in response to receiving said first record automatically searching said record repository for a record indicating at least one other service provided to said specific patient and a different patient and
 - The obviousness of modifying the teaching of Boyer to include the In response to receiving said first record automatically searching said record repository for a record indicating at least one other service provided to said specific patient (as taught by Hunt) is as addressed above in the rejection of claim 1 and incorporated herein.
 - Also, Boyer discloses a record indicating at least one service provided to a different patient (Boyer; col. 11, lines 19-34, figure 6).
- iii. automatically grouping an item identifying said particular service together with an item identifying said at least one other service in

response to identifying linked records of said specific patient and said different patient

- Boyer fails to expressly teach automatically grouping an item identifying said particular service together with an item identifying said at least one other service in response to identifying linked records of said specific patient. However, this feature is well known in the art, as evidenced by Hunt.

In particular, Hunt discloses automatically grouping an item identifying said particular service together with an item identifying said at least one other service in response to identifying linked records of said specific patient (Hunt; col. 3, lines 14-19, col. 5, lines 22-30, col. 7, lines 31-38).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Hunt with the motivation of to determine whether reimbursement must be made for the claims (Hunt; col. 7, lines 31-38).

Boyer teaches “records of said different patient” in col. 11, lines 19-34 and in figure 6 and

- iv. said predetermined service record allocation rules comprise rules in a reimbursement contract (Boyer; col. 8, lines 7-24).

Claim 5 recites a method according to claim 1, wherein

- i. said reimbursement contract comprises a healthcare policy covering said specific patient (Boyer; col. 8, lines 7-67)
- ii. automatically analyzing data representing said reimbursement contract to identify rules to be used in grouping services for reimbursement and automatically applying identified rules in grouping said item identifying said particular service together with said item identifying said at least one other service

- Boyer fails to expressly teach automatically analyzing data representing said reimbursement contract to identify rules to be used in grouping services for reimbursement and automatically applying identified rules in grouping said item identifying said particular service together with said item identifying said at least one other service. However, this feature is well known in the art, as evidenced by Hunt.

In particular, Hunt discloses automatically analyzing data representing said reimbursement contract to identify rules to be used in grouping services for reimbursement and automatically applying identified rules in grouping said item identifying said particular service together with said item identifying said at least one other service (Hunt; col. 3, lines 14-19, col. 5, lines 22-30, col. 7, lines 31-38).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Hunt with the motivation of to determine whether reimbursement must be made for the claims (Hunt; col. 7, lines 31-38).

Claim 6 recites a method according to claim 1 implemented as a program of instructions contained on a storage medium and executable by a machine (Boyer; col. 9, lines 53-67).

Claim 7 recites a user interface supporting a method for determining payment for provision of multiple different services based on predetermined reimbursement rules, comprising the steps of:

- i. employing a record repository for linking a plurality of different encounters and associated service records of a patient involving receiving different treatment services at different healthcare provider facilities on different occasions separated by a time period of up to at least a week (Boyer; col.8, lines 7-67, col. 11, lines 19-34 and Figure 6);
- ii. receiving a first record identifying a particular service provided to a specific patient (Boyer; col. 3, lines 39-56, col. 8, lines 9-12, figure 6);
- iii. in response to receiving said first record, automatically searching said record repository for a record indicating at least one other service provided to said specific patient;

- Boyer fails to expressly teach in response to receiving said first record, automatically searching said record repository for a record indicating at least one other service provided to said specific patient. However, this feature is well known in the art, as evidenced by Hunt.

In particular, Hunt discloses a in response to receiving said first record, automatically searching said record repository for a record indicating at least one other service provided to said specific patient (Hunt; col. 3, lines 14-19, col. 5, lines 22-30, col. 7, lines 31-38).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Hunt with the motivation of to determine whether reimbursement must be made for the claims (Hunt; col. 7, lines 31-38).

- iv. generating a first user selectable menu icon for initiating display of a reimbursement record, said reimbursement record showing (Boyer; col. 8, lines 7-24, col. 12, lines 37-46, col. 14, lines 22-44)

data indicating automatically grouped items including an item identifying said particular service provided to said specific patient together with an item identifying said at least one other service provided to said specific patient based on predetermined service record allocation rules (Boyer; col. 9, lines 25-33, lines 53-57, col. 11, lines 19-34, figure 6); and

- v. automatically calculating reimbursement amounts for said identified provided service and said other service provided to said specific patient based on a reimbursement contract (Boyer; abstract, col. 8, lines 7-24).

Claim 8 recites a method according to claim 7, including the steps of

- i. automatically recalculating said reimbursement amount in response to receiving further records identifying corresponding further services provided to said specific patient, for individual records of said further records one record at a time, in response to automatically grouping items representing said further services with said particular service (Boyer; abstract, col. 3, lines 39-56, col. 8, lines 7-67, col. 11, lines 19-34)
- ii. generating a second user selectable menu icon for initiating display of a bill including said reimbursement amount for said provided service and said other service (Boyer; col. 8, lines 7-24).

Claim 9 recites a method for use in billing for provision of multiple different services based on predetermined reimbursement rules, comprising the steps of:

- i. employing a record repository for linking a plurality of different encounters and associated service records of a patient involving receiving different treatment services at different healthcare provider facilities on different occasions separated by a time period of up to at least a week (Boyer; col. 8, lines 7-67, col. 11, lines 19-34 and Figure 6);
- ii. receiving a first record identifying a particular service provided to an entity (Boyer; col. 3, lines 39-56, col. 8, lines 9-12, figure 6);

iii. automatically applying predetermined allocation rules for providing a reimbursement record indicating a group of services to be billed together on a single bill, said group of services having been provided to said entity (Boyer; col. 8, lines 9-15, col. 9, lines 25-33, lines 45-48), by, in response to receiving said first record, automatically searching said record repository for a record indicating at least one other service provided to said specific entity and linked to said particular service;

- The obviousness of modifying the teaching of Boyer to include in response to receiving said first record, automatically searching said record repository for a record indicating at least one other service provided to said specific entity and linked to said particular service (as taught by Hunt) is as addressed above in the rejection of claim 1 and incorporated herein.

iv. updating said reimbursement record to incorporate a record item representing said at least one other service (Boyer; col. 8, lines 43-55, col. 10, lines 53-57);

v. calculating a reimbursement amount for said particular service based on predetermined reimbursement rules (Boyer; col. 8, lines 7-24);
and

vi. preparing a bill including said group of services and comprising said particular service and said at least one other service for communication to a payer (Boyer; col. 11, lines 19-34, Figure 6).

Art Unit: 3626

Claim 10 recites a method according to claim 9, including

- i. automatically calculating a reimbursement amount for said bill, in response to receiving further records identifying corresponding further services provided to said specific entity for individual records of said further records, one record at a time, in response to automatically grouping items representing said further services with said particular service (Boyer; abstract, col. 3, lines 39-56, col. 7, lines 21-30, col. 11, lines 19-34) wherein
- ii. said predetermined allocation rules comprise rules for determining said particular service as well as said group of services qualify for reimbursement under a single reimbursement contract (Boyer; col. 6, lines 48-55).

Claim 11 recites a method according to claim 9, wherein said predetermined allocation rules comprise rules in a reimbursement contract (Boyer; col. 8, lines 7-24).

Claim 12 recites a method according to claim 9, wherein said predetermined allocation rules identify a reimbursement record to incorporate a record item representing said particular service based on the type of said particular service (Boyer; col. 8, lines 7-24).

Claim 13 has been amended now to recite a method according to claim 12, wherein said type of said particular service comprises an inpatient service (Boyer; col. 6, lines 23-28, col. 12, lines 6-11).

Claim 14 recites a method according to claim 9, including the step of identifying and prioritizing at least one of (a) reimbursement contracts and (b) policies, comprising

Art Unit: 3626

predetermined reimbursement rules and selecting said predetermined reimbursement rules from said prioritized and identified predetermined reimbursement rules for calculating reimbursement for said particular service (Boyer; col. 8, lines 7-24).

Claim 15 recites a method according to claim 9, wherein said reimbursement record indicates said group of services are reimbursable according to rules in a single reimbursement contract and including the step of automatically determining whether said particular service is also reimbursable according to rules in said single reimbursement contract (Boyer; col. 8, lines 7-24).

Claim 16 recites a method according to claim 9, wherein said specific entity comprises a patient and including the step of searching for other services also provided to said specific entity (Boyer; col. 8, lines 56-67).

Claim 17 recites a method for determining payment for provision of multiple different services based on predetermined reimbursement rules, comprising the steps of:

i.–iii. The first three steps of claim 17 repeat the same limitations as claim 1, therefore are rejected for the same reasons given above in the rejection of claim 1, and incorporated herein.

iv. automatically determining whether said particular service as well as said additional service provided to said specific patient qualify for reimbursement under a single reimbursement contract (Boyer; col. 8, lines 7-24);

v. automatically creating a record indicating said particular service and additional service provided to said specific patient qualify for

reimbursement under a single reimbursement contract (Boyer; col. 8, lines 7-24); and

vi. calculating a reimbursement amount for said particular service and additional service provided to said specific patient based on said single reimbursement contract (Boyer; col. 8, lines 7-24) and

vii. automatically calculating a reimbursement amount, in response to receiving further records identifying corresponding further services provided to said specific patient for individual records of said further records, one record at a time, in response to automatically determining said further services are to be grouped with said particular service for reimbursement under said dingle reimbursement contract (Boyer; abstract, col. 3, lines 39-56, col. 8, lines 7-67, col. 11, lines 19-34)

- The obviousness of modifying the teaching of Boyer to include automatically determining said further services are to be grouped with said particular service for reimbursement under said dingle reimbursement contract (as taught by Hunt) is as addressed above in the rejection of claim 1 and incorporated herein.

Claim 18 recites a method according to claim 17, including the step of preparing a bill including said reimbursement amount for said particular service and additional service for communication to a payer (Boyer; col. 11, lines 19-34, Figure 6).

Claim 19 recites a method according to claim 17, wherein said specific patient comprises at least one of , (a) a patient, (b) a company, (c) an individual person and (d) a group of people (Boyer; col. 8, lines 56-67).

Claim 20 recites a method according to claim 17, including the steps of identifying and prioritizing at least one of, (a) reimbursement contracts and (b) policies associated with reimbursement contracts, applicable for reimbursing for said particular service and additional service and selecting said single reimbursement contract from one of, (i) said prioritized reimbursement contracts and (ii) said reimbursement contracts associated with said prioritized policies (Boyer; col. 8, lines 7-67).

Claim 21 recites a method according to claim 17, including the step of searching for other services also provided to said specific patient (Boyer; col. 8, lines 56-67).

Claim 22 recites a method according to claim 17, including the step of sorting said particular service and additional service by date service is performed (Boyer; col. 11, lines 19-34, Figure 6).

Claim 23 recites a method for determining payment for provision of multiple different services to a patient based on predetermined reimbursement rules, comprising the steps of:

- i.–iii. The first three steps of claim 23 repeat the same limitations as claim 1, therefore are rejected for the same reasons given above in the rejection of claim 1, and incorporated herein.
- iv. automatically determining whether said particular service as well as said at least one other service provided to said specific patient qualify for

grouped reimbursement under a single reimbursement contract (Boyer; col. 8, lines 7-24);

v. updating said reimbursement record to incorporate a record item representing said particular service in response to determination of said qualification (Boyer; col. 10, lines 53-57); and

vi. calculating a reimbursement amount for said particular service and at least one other service provided to said specific patient based on said single reimbursement contract (Boyer; col. 10, lines 7-24).

Claim 24 recites a method according to claim 23, including the steps of

i. automatically analyzing data representing said reimbursement contract associated with said specific patient to identify rules to be used in grouping services for reimbursement and automatically applying identified rules in grouping said particular service and said least one other service for reimbursement and

- Boyer fails to expressly teach automatically analyzing data representing said reimbursement contract associated with said specific patient to identify rules to be used in grouping services for reimbursement and automatically applying identified rules in grouping said particular service and said least one other service for reimbursement. However, this feature is well known in the art, as evidenced by Hunt.

In particular, Hunt discloses automatically analyzing data representing said reimbursement contract associated with said specific patient to identify rules to be used in grouping services for reimbursement and automatically applying identified rules in grouping said particular service and said least one other service for reimbursement (Hunt; col. 3, lines 14-19, col. 5, lines 22-30, col. 7, lines 31-38).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Hunt with the motivation of to determine whether reimbursement must be made for the claims (Hunt; col. 7, lines 31-38).

- ii. preparing a bill including said reimbursement amount for said identified service and said at least one other service for communication to a payer (Boyer; col. 11, lines 19-34, Figure 6).

Claim 25 recites a method according to claim 23, wherein

- i. said reimbursement record indicates services provided to said patient within a period encompassing a plurality of weeks, and wherein said updating step comprises (Boyer; col. 11, lines 19-34, Figure 6);
- ii. updating said reimbursement record to incorporate said record item representing said particular service in response to determination said

particular service was provided within said specific period (Boyer; col. 10, lines 53-57, col. 11, lines 19-34, figure 6).

Claim 26 recites a method according to claim 23, including the step of automatically grouping said particular service provided to said specific patient with said at least one other service provided to said specific patient based on (a) date of service, (b) patient identifier (Boyer; col. 11, lines 19-34, Figure 6).

Claim 27 has been amended now to recite a method according to claim 23, including the step of determining said particular service as well as said at least one other qualify for reimbursement under a single reimbursement contract.

- Boyer fails to expressly teach determining said particular service as well as said at least one other qualify for reimbursement under a single reimbursement contract. However, this feature is well known in the art, as evidenced by Hunt.

In particular, Hunt discloses determining said particular service as well as said at least one other qualify for reimbursement under a single reimbursement contract (Hunt; col. 7, lines 31-38, lines 47-54).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Hunt with the motivation of indicate the payees and amounts of refunds generated for erroneously billed (Hunt; col. 3, lines 14-19).

(10) Response to Arguments

In response to Appellant's argument about the new matter rejection on page 8, Examiner respectfully submits that claim 1 recites "employing a record repository for linking a plurality of different encounters and associated service records of a patient involving receiving different treatment services at different healthcare provider facilities on different occasions separated by a time period of up to at least a week", and the specification of the present application does not include this limitation. The specification recites "FIG. 3 shows a displayed consolidated reimbursement record including grouped service records 17-21 provided to a specific patient (Jones in this example) created in step 213 of FIG. 2. The reimbursement record is displayed in response to user selection of icon 300 shown in toolbar 2 of FIG. 3. The displayed toolbar 2 also includes an icon 305 for initiating display of a bill including the reimbursement amount for the provided services detailed in records 17-21 (FIG. 1)." (Page 8, lines 7-12) In figure 3, the dates of services are 6/01/01, 6/01/01 and 6/03/01. Also, the specification recites "...Application 10 examines Health Ins. Co. plan 509 to see if there are rules defined for grouping services from multiple encounters into one reimbursement record such as for grouping emergency room services with inpatient services, or grouping pre-admission testing services with inpatient services, etc. Application 10 determines that there is a rule 511 requiring combination of records of outpatient services and inpatient services. Specifically, rule 511 requires that records of outpatient services for encounters occurring within 3 days of an inpatient encounter are to be grouped into the same inpatient reimbursement record with the records of associated inpatient services."

Art Unit: 3626

Nowhere in the specification or in the originally filed claims, Examiner did able to find “linking a plurality of different encounters and associated service records of a patient involving receiving different treatment services at different healthcare provider facilities on different occasions separated by a time period of up to at least a week” or “linking records separated by a time period of up to at least a week” or “period encompassing at least one of (a) a plurality of weeks and (b) a plurality of months”.

In response to Appellant’s argument about Boyer does not disclose “employing a record repository for linking a plurality of different treatment services at different healthcare provider facilities on different occasions separated by a time period of up to at least a week” (arguments on pages:14, 16, 17, 29, 36-37, 54, 59, 60); Examiner respectfully submits that Boyer teaches in figure 6 and col. 11, lines 19-34, col. 8, lines 7-67 that the rules processor decides whether a healthcare transaction is reimbursable and price the amount of reimbursement based on the healthcare transaction or claim received from the Clinical Pathways Database 34, and explanation of benefits can be seen in figures 5 and 6 and in col. 11, lines 19-34; providing a complete record of services performed and the statement has a plurality of different encounters (linking a plurality of encounters) and associated service records of a patient involving receiving different treatment services (telephone call, initial consult, out-patient services, office visit etc.) at different healthcare facilities on different occasions (doctor visit/initial consult, collect venous blood sample, Princeton medical center/outpatient services) separated by a time period of up to at least a week (10/24/97 and 11-06/97).

In response to Appellant's argument that the references fail to show certain features of applicant's invention, it is noted that the features upon which applicant relies (i.e., visits at different providers that have been linked and paid as one claim) (argument on pages 15, 27, 46, 56) are not recited in the rejected claim(s). Although the claims are interpreted in light of the specification, limitations from the specification are not read into the claims. See *In re Van Geuns*, 988 F.2d 1181, 26 USPQ2d 1057 (Fed. Cir. 1993). Examiner respectfully submits that the claim recites "linking a plurality of different treatment services at different healthcare provider facilities on different occasions separated by a time period of up to at least a week", and Boyer teaches linking a plurality of encounters and associated service records of a patient involving receiving different treatment services at different healthcare facilities on different occasions separated by a time period of up to at least a week as explained above. The claim does not recite visits have been linked and paid as one claim.

In response to Appellant's argument about Boyer does not disclose "in response to receiving said first record, automatically searching said record repository for a record indicating at least one other service provided to said specific patient" (arguments on pages 16, 21, 28, 47, 56-57); Examiner respectfully submits that Hunt reference was used for this limitation, and Hunt specifically teaches "...computer-coded software instructions capable of being executed by a conventional computer microprocessor to perform information processing on pre-existing medical billing record information, preferably consisting of hospital or individual doctor Medicare billing records. The software contains at least one set of instructions for receiving, converting, sorting and

Art Unit: 3626

storing input information from the pre-existing medical billing records into a form suitable for processing.” (Hunt; col. 2, lines 46-55), “...The software contains a set of instructions for updating the matching medical billing record information to determine if the inpatient admission was "medically related" to the outpatient service, and to indicate the payees and amounts of refunds generated for erroneously billed outpatient service.” (Hunt; col. 3, lines 14-24) and “The determination of whether reimbursement must be made for the distinguished outpatient claims will turn on whether the outpatient claim was "medically related" to the inpatient stay in accordance with Medicare billing policies. This determination can be performed manually by claims processing personnel or it can be performed automatically by the medical billing record processing software.” (Hunt; col. 7, lines 31-38) The motivation to combine Boyer with Hunt would be to determine whether the reimbursement must be made for the claims (Hunt; col. 7, lines 31-38).

In response to Appellant’s argument about Boyer does not disclose “inpatient services”; Examiner respectfully submits that Boyer teaches “As illustrated in FIG. 1, the system 10 of the invention is accessed by a plurality of product/service providers 12, such as doctor's offices, hospitals, pharmacies, and the like, who provide services and products such as physician care, hospital care, dental care, pharmaceutical products, lab tests, prosthetics, surgical equipment, and the like.” In col. 6, lines 23-28. Examiner considers “hospital care” is an “inpatient service”.

In response to Appellant’s argument about Boyer does not disclose “automatically grouping an item identifying said particular service together with an item identifying said at least one other service in response to identifying linked records of

said specific patient and said different patient”; Examiner respectfully submits that Hunt teaches “...computer-coded software instructions capable of being executed by a conventional computer microprocessor to perform information processing on pre-existing medical billing record information, preferably consisting of hospital or individual doctor Medicare billing records. The software contains at least one set of instructions for receiving, converting, sorting and storing input information from the pre-existing medical billing records into a form suitable for processing.” (Hunt; col. 2, lines 46-55), “...The software contains a set of instructions for updating the matching medical billing record information to determine if the inpatient admission was "medically related" to the outpatient service, and to indicate the payees and amounts of refunds generated for erroneously billed outpatient service.” (Hunt; col. 3, lines 14-24) and Boyer teaches “records of said different patient” in col. 11, lines 19-34 and in figure 6.

In response to Appellant’s argument that the references fail to show certain features of applicant’s invention, it is noted that the features upon which applicant relies (i.e., grouping services together with the current services to calculate reimbursement) are not recited in the rejected claim(s) (specifically in claim 16). Although the claims are interpreted in light of the specification, limitations from the specification are not read into the claims. See *In re Van Geuns*, 988 F.2d 1181, 26 USPQ2d 1057 (Fed. Cir. 1993).

In response to Appellant’s argument that Boyer does not teach “the step of preparing a bill including said reimbursement amount for said particular service and additional service for communication to a payer”; Examiner respectfully submits that Boyer teaches “...the Internet bank 16 sends the cardholder a unified credit card and

Art Unit: 3626

explanation of benefits (EOB) statement at the end of the current credit cycle. FIGS. 5 and 6 together illustrate a credit card statement (FIG. 5) and an explanation of benefits (EOB) statement (FIG. 6) for a cobranded healthcare/credit card account used to access the payment system of the invention.” (Boyer; col. 11, lines 19-34, Figure 6), “A point of service third party adjudicated payment system and method which provides for the creation of an adjudicated settlement transaction at a point of service which designates the portion of the service to be paid by the third party payor and the portion to be paid by the customer.” (Boyer; abstract), “...in accordance with the invention, the Internet bank 16 further includes a direct connection to an adjudication engine 22 which, for example, takes a healthcare transaction (HCT) from the healthcare provider 12 and the patient, determines (adjudicates) the amount of the submitted claim which is to be paid by a third party payor 24, and creates an Adjudicated Settlement Transaction (AST) which pays the healthcare provider 12, bills the third party payor 24, and bills the patient.” (Boyer; col. 7, lines 22-30, Figure 6).

(11) Related Proceeding(s) Appendix

No decision rendered by a court or the Board is identified by the examiner in the Related Appeals and Interferences section of this examiner’s answer.

Art Unit: 3626

For the above reasons, it is believed that the rejections should be sustained.

Respectfully submitted,

/Dilek B Cobanoglu/

Examiner, Art Unit 3626

Conferees:

/R. M./

Primary Examiner, Art Unit 3626

Robert Morgan

Primary Patent Examiner

T.C. 3600

/C. G./

C. Luke Gilligan

Supervisory Patent Examiner

T.C. 3600

/C Luke Gilligan/

Supervisory Patent Examiner, Art Unit 3626

